

BP-A148.055
SEP 98

U. S. DEPARTMENT OF JUSTICE

INMATE REQUEST TO STAFF CDFRM

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Warden Easter	DATE: 3/26/20
FROM: Jessica Teixeira	REGISTER NO.: 16124-049
WORK ASSIGNMENT: FCI Lobby PM	UNIT: C12L

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I am a white collar, non violent offender with diabetes & significant immune issues to which under the FBO & Danbury BOP I have suffered significant permanent scarring and dental loss. With the current facility on the best of days I can function. Most days without the proper care and I found myself suffering. Given my non violent, federal and medical qualifications I am privy to the Attorney General William Barr's release program. I beg of you to authorize me to protect the health I have left.

Respectfully yours
Jessica

(Do not write below this line)

DISPOSITION:

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6

BP-A148.055
SEP 98

INMATE REQUEST TO STAFF CDFRM

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE: 4/24/20
FROM: JESSICA FELIXERA	REGISTER NO.: 16124-049
WORK ASSIGNMENT: FCI LOBBY	UNIT: A 15

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I AM REQUESTING AN IMMEDIATE FURLOUGH due to the inability of BLP to provide safety, hygiene and appropriate care in consideration of my medical condition. AS OF 4/23/20 CO CORTESE WHO TOLD US 30 of the 4 inmates he escorted to the hospital were admitted and then without a gun or protective gear (mask only with gloves - only when he handed out masks) you are employing staff to cover infected inmates AND the camp.

(Do not write below this line)

DISPOSITION:

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

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and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6

FCI DANBURY
Health ServicesReceived 5/15/20
C1049AM

Form: Inmate Request for Compassionate Release Consideration

TO: SOCIAL WORK	DATE: 5/14/20
FROM (print): JESSICA TUYERA	REGISTER NO: 16124-049
Signature: <i>Jessica Tuyera</i>	UNIT: <i>WOMEN A15</i>

Instructions: In order to be considered for Compassionate Release, you must complete this form and send it to the Medical Social Worker. The information will be used to determine if your request for Compassionate Release meets the minimum guidelines for consideration, as referenced in the Program Statement 5050.50, Compassionate Release/Reduction in Sentence. The Social Worker will meet with you regarding your request if further information is needed.

1. Check the category you are requesting ~~Compassionate Release Consideration (only one box to be checked)~~
 Request based on Medical Circumstances *IN COVID-19 PANDEMIC CARES ACT, on MEDICALLY VULNERABLE INMATES FOR BOP*

Medical Terminal (estimated life expectancy of 18 months or less)

Medical Debilitated (completely disabled, unable to perform activities of daily living and totally confined to a bed or chair OR only capable of limited self-care and confined to a bed or chair more than 50% of waking hours)

Request based on Non-Medical Circumstances-Elderly Inmates

Request based on Elderly Inmates over 65 with Medical Conditions who have served more than 50% of sentence

Request based on inmates age 65 or older who have served the greater of 10 years or 75% of the term of imprisonment to which the inmate was sentenced

Request based on Elderly Inmates over 70 who have served 30 years or more of their term of imprisonment (offense that occurred on or after November 1, 1987)

Request based on Death or Incapacitation of the Family Member Caregiver where you are the only caregiver for your minor child

Request based on Incapacitation of a Spouse or Registered Partner where you are the only available caretaker

2. Explain the extraordinary or compelling circumstances, which could not have been foreseen at the time of your sentencing you believe warrant Compassionate Release consideration. Continue on back, if necessary. *I am a new diabetic and during my 16 months with the BOP I have gone without appropriate medical attention*

3. Explain your proposed Release Plans and continue on back, if necessary. The information should include the following detailed information:

1. Address and phone number of where you plan to live.

Mystic MA 01757

808-221-0000

*(SUSAN TUYERA)
MOTHER*

2. Your family supports in the community.

My mother will be living with and several close friends that are like family. I have no children am single and

3. How you plan to cover your medical expenses and support yourself.

I am currently covered with MASSHEALTH and have a few potential domestic options available.

4. Where continued health treatment and services will be received.

Through my primary care in Westboro, MA.

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A copy of this form will be kept in the Medical Record section 6 and Inmate's Central File, and the original will remain with the Medical Social Worker.

in that I have lost all but 8 teeth (only missing 2 at custody). I have suffered with allergic reactions - infections and permanent scarring from the misdiagnosis and lack of care on my arms, legs and body. In addition my requests for medical attention have gone unanswered without acknowledgement.

My health - both mental and physical has taken a fast decline that seems to be a non-issue for the BOP. It is my life and health.

I had requested on 3/26/20 and again on 4/24/20 a compassionate release that went unanswered. I plead to allow me to save what life I have left.

TRULINCS 16124049 - TEIXEIRA, JESSICA M - Unit: DAN-O-A

FROM: Psychology
TO: 16124049
SUBJECT: RE:***Inmate to Staff Message***
DATE: 05/20/2020 02:22:02 PM

From Ms. Adamson: "Please be advised that based on current PS5050.50, these are the current compassionate release criteria. You must meet one of these criteria to qualify for compassionate release. If you wish to request to apply for the CARES Act/HC you must speak with your Unit Team. Thank you."

>>> ~^!"TEIXEIRA, ~^!JESSICA M" <16124049@inmatemessage.com> 5/20/2020 1:21 PM >>>
To: Ms. Adamson (Social Worker)
Inmate Work Assignment: FCI Lobby

On May 14 I was directed by your medical staff to fill out a request for reduced sentencing/compassionate care and I dutifully filled it out to my best "layman's" medical knowledge. In regards to your denial/request to resubmit based on the fact I didn't purger myself by checking a sub box of "terminal illness" or "incapacitation of the guardian of my minor child"- I simply checked the "medical reasons" box versus the "non-medical" option as those were the ONLY 2 categories to choose from. I was descriptive on all the ways I qualify (as well as being medically vulnerable on BOP's list submitted to the court yesterday 5/19/20) and am at loss for why the form didn't have a CARES Act, COVID-19 option or Pandemic/extreme circumstances option if (as noted at the bottom of the page) the document was created in May 2020 as a reference to the current case and records on file due to the Covid-19 Pandemic.

Please direct me to how to complete the form to your specifications without the options that are appropriate for this situation.

Thank You

Response to Inmate Request to Staff Member

TEIXEIRA, Jessica M
Register Number: 16124-049
Unit: O-A

You requested a reduction in sentence (RIS) based on concerns about COVID-19. After careful consideration, your request is denied.

Title 18 of the United States Code, section 3582(c)(1)(A), allows a sentencing court, on motion of the Director of the BOP, to reduce a term of imprisonment for extraordinary or compelling reasons. BOP Program Statement No. 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), provides guidance on the types of circumstances that present extraordinary or compelling reasons, such as the inmate's terminal medical condition; debilitated medical condition; status as a "new law" elderly inmate, an elderly inmate with medical conditions, or an "other elderly inmate"; the death or incapacitation of the family member caregiver of the inmate's child; or the incapacitation of the inmate's spouse or registered partner. Your request has been evaluated consistent with this general guidance.

The BOP is taking extraordinary measures to contain the spread of COVID-19 and treat any affected inmates. We recognize that you, like all of us, have legitimate concerns and fears about the spread and effects of the virus. However, your concern about being potentially exposed to, or possibly contracting, COVID-19 does not currently warrant an early release from your sentence. Accordingly, your RIS request is denied at this time.

Per your medical record you are currently being treated type 2 diabetes mellitus which is currently being managed by FCI Danbury. You have been reviewed for home confinement under the CARES Act, but are ineligible due to your pending charges in Rhode Island and Massachusetts, you have not completed 50% of your sentence and have greater than 18 months remaining.

If you are not satisfied with this response to your request, you may commence an appeal of this decision via the administrative remedy process by submitting your concerns on the appropriate form (BP-9) within 20 days of the receipt of this response.

D. Easter
D. Easter, Warden

5-22-2020
Date